

prolapsus, which is due rather to want of tone in the uterine ligaments. The organ is easily replaced without pain, but at once resumes its abnormal position.

Primary Tuberculosis of the External Genitals.—PAOLI (*La Gynécologie*, 1897, No. 6) reports five cases of this affection, which he regards as less rare than is commonly supposed. He believes that the disease is frequently communicated directly during coitus, the primary site being in the region of the vestibule, whence it extends gradually to the surrounding tissue.

It is distinguished clinically by ulceration, with hypertrophy of the labia. It runs a chronic course, and remains localized for a long period, the general health being but slightly affected. The inguinal glands are often not affected, contrary to the prevailing opinion. Microscopically intense congestion and inflammatory infiltration are noted; caseous degeneration is rare, and spontaneous repair is the rule. Secondary tuberculosis of the external genitals extends more rapidly and exhibits a more malignant character.

The treatment is surgical, extensive resection of the affected tissues being necessary. A considerable portion of the urethra may be removed without unpleasant results.

Changes in the Ovaries in Acute Infectious Diseases.—POPOFF (abstract of thesis in *La Gynécologie*, 1897, No. 6) examined the ovaries of fifty infants dying of various acute infectious diseases, arriving at the following conclusions: In measles, scarlet fever, and smallpox the lesions are confined mostly to the primordial follicles and stroma, consisting in swelling of the epithelial cells, vacuolization of the protoplasm, and finally general decomposition of the follicle. General hyperæmia of the stroma and sometimes diffuse or localized hemorrhages were observed. These changes were least marked in connection with measles. They were most extensive in cases in which two infectious diseases developed at the same time.

Subcutaneous Injections of Saline Solution.—JACOBS (*Sem. Gyn.*; *La Gynécologie*, 1897, No. 6), while admitting the great value of saline injections in cases of profuse hemorrhage, states that in so-called "delayed shock" his results have not been satisfactory.

Artificial serum has no bactericidal action, nor does it oppose any barrier to the entrance of infection, although in some cases it has seemed to arrest a mild commencing process. It is possible that the injection of serum may improve the general condition to such an extent as to augment phagocytosis. This does not apply to streptococcus-infection.

When sepsis develops after operation, saline injections should be used without delay. If there is not a prompt response, the infection is probably due to streptococci, and injections of the anti-streptococcus serum should be substituted.

Transplantation of the Ovaries.—GRIGORIEFF (abstract of thesis in *La Gynécologie*, 1897, No. 6) reports the results of a series of experiments in rabbits. Under strict aseptic precautions the abdomen was opened and the ovary was excised and sutured in different regions—to the broad ligament, the

mesentery, and in the utero-vesical pouch. In one case the ovaries of one rabbit were grafted into the uterine cornua of another and were covered with peritoneum, with the exception of the sides, which were allowed to project into the peritoneal cavity. After a considerable lapse of time the abdomen was re-opened and the transplanted ovaries were examined. Those attached to the broad ligaments retained their position, while the ovaries sutured to the mesentery were gradually absorbed, finally disappearing entirely. The former at first seemed to undergo atrophy, but later the atrophic process was arrested, and the engrafted organs resumed their normal functions, Graafian follicles developing and rupturing in the usual manner, with the formation of corpora lutea, while the discharged ova entered the tube and the uterine cavity.

PÆDIATRICS.

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Abscess of the Brain in Infants.—HOLT (*Archives of Pediatrics*, March, 1898) sums up a careful study under this title with the following conclusions:

1. Abscess of the brain in children under five years is rare.
2. The principal causes are otitis and traumatism.
3. It rarely follows acute otitis, but most often neglected cases, and is usually secondary to disease of the petrous bone.
4. In the cases occurring in infancy without evident cause, the source of infection is probably the ears, even though there is no discharge.
5. The development of abscess after injury to the head without fracture of the skull is extremely rare. In nearly all of the traumatic cases definite cerebral symptoms show themselves within the first two weeks after the injury. In cases with falls as remote as several months there is probably some other cause, such as a latent otitis.
6. In a large proportion of the cases only general symptoms are present, and these in very great variety.
7. Focal symptoms may be misleading unless they are constant, and even then they may depend upon associated lesions, such as meningitis. Motor symptoms only can be trusted, since the sensory symptoms are difficult or impossible to determine in infants or young children.
8. Rapid progress, fever, and a history of injury or otitis generally make a diagnosis from tumor easy. In the slower cases with little or no fever, valuable assistance may be obtained from lumbar puncture.
9. From acute meningitis the diagnosis is more difficult, and in the cases in which there are only terminal symptoms the diagnosis is impossible. In